

## Complete Summary

---

### **GUIDELINE TITLE**

Screening and management of bacterial vaginosis in pregnancy.

### **BIBLIOGRAPHIC SOURCE(S)**

Yudin MH, Money DM, Infectious Diseases Committee. Screening and management of bacterial vaginosis in pregnancy. J Obstet Gynaecol Can 2008 Aug;30(8):702-8. [57 references] [PubMed](#)

### **GUIDELINE STATUS**

This is the current release of the guideline.

## COMPLETE SUMMARY CONTENT

SCOPE  
 METHODOLOGY - including Rating Scheme and Cost Analysis  
 RECOMMENDATIONS  
 EVIDENCE SUPPORTING THE RECOMMENDATIONS  
 BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS  
 QUALIFYING STATEMENTS  
 IMPLEMENTATION OF THE GUIDELINE  
 INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT  
 CATEGORIES  
 IDENTIFYING INFORMATION AND AVAILABILITY  
 DISCLAIMER

## SCOPE

### **DISEASE/CONDITION(S)**

Bacterial vaginosis in pregnancy

### **GUIDELINE CATEGORY**

Diagnosis  
 Evaluation  
 Management  
 Risk Assessment  
 Screening  
 Treatment

### **CLINICAL SPECIALTY**

Family Practice  
Infectious Diseases  
Internal Medicine  
Obstetrics and Gynecology

## **INTENDED USERS**

Physicians

## **GUIDELINE OBJECTIVE(S)**

To review the evidence and provide recommendations on screening for and management of bacterial vaginosis in pregnancy

## **TARGET POPULATION**

Pregnant women with vaginal discharge and malodour

## **INTERVENTIONS AND PRACTICES CONSIDERED**

### **Screening/Diagnosis/Risk Assessment**

1. Assessment of signs and symptoms
2. Gram stain of vaginal fluid
3. Risk assessment

### **Management/Treatment**

1. Metronidazole or clindamycin regimen
2. Repeat testing one month after treatment

**Note:** Topical agents are not recommended for treatment of bacterial vaginosis.

## **MAJOR OUTCOMES CONSIDERED**

- Antibiotic treatment efficacy/cure rates
- Influence of the treatment of bacterial vaginosis on the rates of adverse pregnancy outcomes such as preterm labour and delivery and preterm premature rupture of membranes

## **METHODOLOGY**

### **METHODS USED TO COLLECT/SELECT EVIDENCE**

Searches of Electronic Databases

### **DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE**

Medline, EMBASE, CINAHL, and Cochrane databases were searched for articles, published in English before the end of June 2007 on the topic of bacterial vaginosis in pregnancy.

## **NUMBER OF SOURCE DOCUMENTS**

Not stated

## **METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE**

Weighting According to a Rating Scheme (Scheme Given)

## **RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE**

### **Quality of Evidence Assessment\***

**I:** Evidence obtained from at least one properly randomized controlled trial

**II-1:** Evidence from well-designed controlled trials without randomization

**II-2:** Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group

**II-3:** Evidence obtained from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in this category

**III:** Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees

\*Adapted from the Evaluation of Evidence criteria described in the Canadian Task Force on Preventive Health Care.

## **METHODS USED TO ANALYZE THE EVIDENCE**

Review of Published Meta-Analyses  
Systematic Review

## **DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Not stated

## **METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Expert Consensus

## **DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Not stated

## **RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**

### **Classification of Recommendations\***

- A.** There is good evidence to recommend the clinical preventive action.
- B.** There is fair evidence to recommend the clinical preventive action.
- C.** The existing evidence is conflicting and does not allow to make a recommendation for or against use of the clinical preventive action; however, other factors may influence decision-making.
- D.** There is fair evidence to recommend against the clinical preventive action.
- E.** There is good evidence to recommend against the clinical preventive action.
- L.** There is insufficient evidence (in quantity or quality) to make a recommendation; however, other factors may influence decision-making.

\*Adapted from the Evaluation of Evidence criteria described in the Canadian Task Force on Preventive Health Care.

## **COST ANALYSIS**

A formal cost analysis was not performed and published cost analyses were not reviewed.

## **METHOD OF GUIDELINE VALIDATION**

Internal Peer Review

## **DESCRIPTION OF METHOD OF GUIDELINE VALIDATION**

This guideline has been prepared by the Infectious Diseases Committee and approved by the Executive and Council of the Society of Obstetricians and Gynecologists of Canada (SOGC).

## **RECOMMENDATIONS**

### **MAJOR RECOMMENDATIONS**

Definitions of the levels of evidence (I, II-1, II-2, II-3, and III) and grades of recommendations (A-E and L) are provided at the end of the "Major Recommendations" field.

There is currently no consensus as to whether to screen for or treat bacterial vaginosis in the general pregnant population in order to prevent adverse outcomes, such as preterm birth.

1. In symptomatic pregnant women, testing for and treatment of bacterial vaginosis is recommended for symptom resolution. Diagnostic criteria are the same for pregnant and non-pregnant women. (**I-A**)
2. Treatment with either oral or vaginal antibiotics is acceptable for achieving a cure in pregnant women with symptomatic bacterial vaginosis who are at low risk of adverse obstetric outcomes. (**I-A**)
3. Asymptomatic women and women without identified risk factors for preterm birth should not undergo routine screening for or treatment of bacterial vaginosis. (**I-B**)
4. Women at increased risk for preterm birth may benefit from routine screening for and treatment of bacterial vaginosis. (**I-B**)
5. If treatment for the prevention of adverse pregnancy outcomes is undertaken, it should be with metronidazole 500 mg orally twice daily for seven days or clindamycin 300 mg orally twice daily for seven days. Topical (vaginal) therapy is not recommended for this indication. (**I-B**)
6. Testing should be repeated one month after treatment to ensure that cure was achieved. (**III-L**)

### **Definitions:**

#### **Quality of Evidence Assessment\***

**I:** Evidence obtained from at least one properly randomized controlled trial

**II-1:** Evidence from well-designed controlled trials without randomization

**II-2:** Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group

**II-3:** Evidence obtained from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in this category

**III:** Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees

#### **Classification of Recommendations\*\***

**A.** There is good evidence to recommend the clinical preventive action.

**B.** There is fair evidence to recommend the clinical preventive action.

**C.** The existing evidence is conflicting and does not allow to make a recommendation for or against use of the clinical preventive action; however, other factors may influence decision-making.

**D.** There is fair evidence to recommend against the clinical preventive action.

**E.** There is good evidence to recommend against the clinical preventive action.

**L.** There is insufficient evidence (in quantity or quality) to make a recommendation; however, other factors may influence decision-making.

\*The quality of evidence reported in these guidelines has been adapted from The Evaluation of Evidence criteria described in the Canadian Task Force on Preventive Health Care.

\*\*Recommendations included in these guidelines have been adapted from the Classification of Recommendations criteria described in the Canadian Task Force on Preventive Health Care.

## **CLINICAL ALGORITHM(S)**

None provided

## **EVIDENCE SUPPORTING THE RECOMMENDATIONS**

### **TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS**

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

## **BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS**

### **POTENTIAL BENEFITS**

Guideline implementation will assist the practitioner in developing an approach to the diagnosis and treatment of bacterial vaginosis in pregnant women. Patients will benefit from appropriate management of this condition.

### **POTENTIAL HARMS**

A small number of studies have indicated that treatment with metronidazole may increase preterm birth rates.

## **QUALIFYING STATEMENTS**

### **QUALIFYING STATEMENTS**

This guideline reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Local institutions can dictate amendments to these opinions. They should be well documented if modified at the local level.

## **IMPLEMENTATION OF THE GUIDELINE**

### **DESCRIPTION OF IMPLEMENTATION STRATEGY**

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better

### IOM DOMAIN

Effectiveness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Yudin MH, Money DM, Infectious Diseases Committee. Screening and management of bacterial vaginosis in pregnancy. J Obstet Gynaecol Can 2008 Aug;30(8):702-8. [57 references] [PubMed](#)

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2008 Aug

### GUIDELINE DEVELOPER(S)

Society of Obstetricians and Gynaecologists of Canada - Medical Specialty Society

### SOURCE(S) OF FUNDING

Society of Obstetricians and Gynaecologists of Canada

### GUIDELINE COMMITTEE

Infectious Diseases Committee

### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

*Principal Authors:* Mark H. Yudin, MD; Deborah M. Money, MD

*Committee Members:* Marc Boucher, MD, Montreal QC; Beatrice Cormier, MD, Montreal QC; Andrée Gruslin, MD, Ottawa ON; Deborah M. Money, MD, Vancouver BC; Gina Ogilvie, MD, Vancouver BC; Caroline Paquet, RM, Trois-Rivières QC; Audrey Steenbeek, RN, Halifax NS; Nancy Van Eyk, MD, Halifax NS; Julie van Schalkwyk, MD, Vancouver BC; Thomas Wong, MD, Ottawa ON; Mark H. Yudin (*Chair*), MD, Toronto ON

## **FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

Disclosure statements have been received from all members of the committee.

## **GUIDELINE STATUS**

This is the current release of the guideline.

## **GUIDELINE AVAILABILITY**

Electronic copies: Available in Portable Document Format (PDF) from the [Society of Obstetricians and Gynaecologists of Canada Web site](#).

Print copies: Available from the Society of Obstetricians and Gynaecologists of Canada, La société des obstétriciens et gynécologues du Canada (SOGC) 780 promenade Echo Drive Ottawa, ON K1S 5R7 (Canada); Phone: 1-800-561-2416

## **AVAILABILITY OF COMPANION DOCUMENTS**

None available

## **PATIENT RESOURCES**

None available

## **NGC STATUS**

This NGC summary was completed by ECRI Institute on February 9, 2009. The information was verified by the guideline developer on March 4, 2009.

## **COPYRIGHT STATEMENT**

This NGC summary is based on the original guideline, which is subject to the guideline developer's copyright restrictions.

## **DISCLAIMER**

### **NGC DISCLAIMER**

The National Guideline Clearinghouse™ (NGC) does not develop, produce, approve, or endorse the guidelines represented on this site.

All guidelines summarized by NGC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public or private organizations, other government agencies, health care organizations or plans, and similar entities.

Guidelines represented on the NGC Web site are submitted by guideline developers, and are screened solely to determine that they meet the NGC

Inclusion Criteria which may be found at  
<http://www.guideline.gov/about/inclusion.aspx>.

NGC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or clinical efficacy or effectiveness of the clinical practice guidelines and related materials represented on this site. Moreover, the views and opinions of developers or authors of guidelines represented on this site do not necessarily state or reflect those of NGC, AHRQ, or its contractor ECRI Institute, and inclusion or hosting of guidelines in NGC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding guideline content are directed to contact the guideline developer.

© 1998-2009 National Guideline Clearinghouse

Date Modified: 4/6/2009

